

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

3-15-1020 DE# 3
David Rivera
1250 Poydras St., Suite 325
New Orleans, LA 70113

2. Article Number
(Transfer from serv)

7014 1820 0000 3493 4673

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Timothy J. Gance

C. Date of Delivery

10-26-15

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No**RECEIVED**

OCT 30 2015

U.S. DISTRICT COURT

MIDDLE DISTRICT OF TN

☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merch☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes